



AFFILIATED SUPPORT GROUP

Affiliate Group #004

# Clearwater Ostomy Support Group

www.clearwaterostomysupportgroup.org

clearwaterostomy@gmail.com

SUPPORT LINE 727-490-9931



FEBRUARY 2024

## Next Meeting

**Saturday, February 17, 2024**

**Support Meeting 10:30 am**

**The Masonic Lodge**  
1145 Highland Ave NE  
Largo, FL 33770

## UPCOMING EVENTS

2024 MEETING SCHEDULE

*Subject to changel*

**March 16**

**April 20**

Future dates and locations are still to be determined and confirmed.

## the President's Message

Hi Everyone,

Well...the holidays are over and our new year is moving right along.

We want to welcome our new members and thank everyone for coming out to last month's meeting. It was a great turnout!

This month we will have a speaker , Don Philips, from DermaHug. His group does research on leakage prevention. We will also be having roundtable so be sure to bring your questions!

Looking forward to seeing you there!

Blessings,

*Marilyn*



Our meetings are open to new ostomates, the experienced ostomates, the caregivers, the families, the healthcare workers, the support persons, the nursing students, the social workers and anyone who has a connection with ostomies and would like to join us. We welcome you all!

## TIPS & TRICKS

### *6 Tips for Avoiding Ostomy Leakage*

1. **Put a high priority on ostomy skin health.** Damaged skin around your stoma can be hard to manage because you need to place the ostomy pouching system over the irritated area. This is why being proactive with your peristomal skin health is so important.
2. **Make sure your skin barrier fits properly.** A skin barrier that fits well around your stoma helps protect your skin from being irritated or damaged by drainage. It doesn't really matter whether your stoma is large or small, or whether it protrudes or not, as long as the drainage flows into your pouch without leaking under the skin barrier.
3. **Change your ostomy pouch on a regular basis.** It is important to change your pouch on a regular basis before it is susceptible to leakage. An overfilled or overweight pouch causes undue strain on your skin barrier attachment to the skin, which could lead to leakage.
4. **Make sure your ostomy pouch is secure during exercise or physical activity.** If you are participating in sporting activities or other forms of exercise, you can wear certain clothing or accessories that can help ease your concerns.
5. **Take special care when removing your ostomy skin barrier.** Improperly or rapidly removing of your skin barrier could cause skin stripping. The associated damage could lead to irritation, pain, and leaks.
6. **Find the right product mix for you.** There are many ostomy products and accessories that are designed to ensure good skin health and help prevent leakage. Every stoma is unique, so you will need to determine what is best for you by working with your stoma care nurse, as well as trial and error.

If you are experiencing damaged skin around your stoma or continuing to experience leakage issues, please contact our Ostomy Clinic at 727-744-2660.

### WHEN TO CALL A DOCTOR OR WOC NURSE

1. If cramps last more than two or three hours.
2. If you get a deep cut in your stoma or bleeding at the juncture of the skin and stoma.
3. If you have excessive bleeding from the stoma opening or a moderate amount in the pouch after several times emptying.
4. If you have a strong odor lasting more than a week.
5. If you have severe skin irritation or deep ulcers.
6. If you have severe watery discharge lasting more than five or six hours.
7. If you have an unusual change in the size or appearance of your stoma.



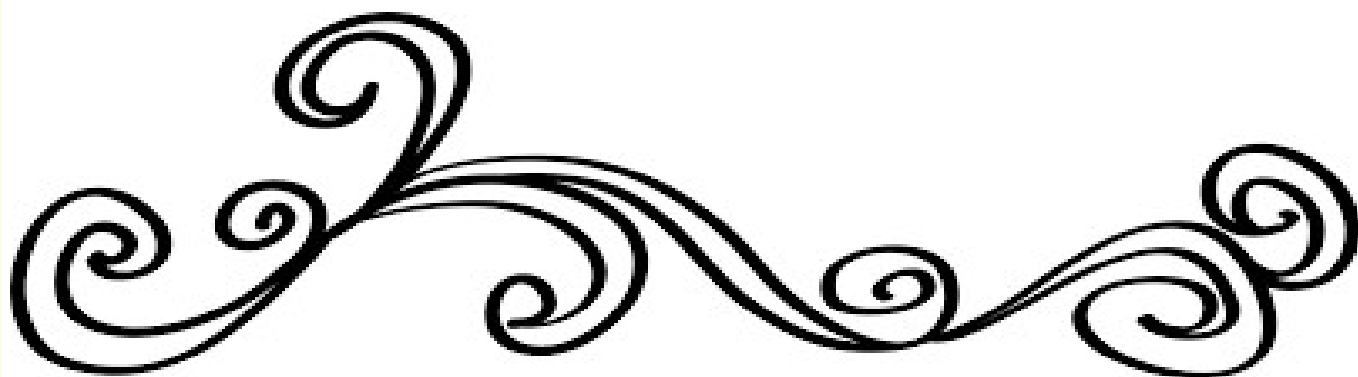
**Handy Reference Numbers You Should Have!**

**Ostomy Product Manufacturers:**

- Coloplast..... 800-533-0464
- ConvaTec ..... 800-422-8811
- Cymed ..... 800-582-0707
- Dansac..... 800-538-0890
- Genairex ..... 877-726-4400
- Hollister..... 888-470-8999
- Marlen Manufacturing..... 216-292-7060
- Nu Hope Lab ..... 818-899-7711
- Ostaway x-Bag ..... 800-774-6097
- Ostomy Secrets ..... 800-518-8515
- Torbot ..... 800-545-4254
- C&S Pouch Covers..... 877-754-9913
- Coloplast Cares (Advisor)..... 877-858-2056

**Ostomy Product Distributors:**

- 180 Medical ..... 877-688-2729
- Best Buy Medical Supplies ..... 866-940-4555
- Better.com ..... 844-679-0482
- Bruce Medical Supply ..... 800-225-8446
- Byram Healthcare ..... 877-902-9726
- Edgepark Supplies ..... 800-321-0591
- Homecare Delivered ..... 866-9338-3906
- Liberator Supplies..... 877-794-0544
- Medical Care Products ..... 800-741-0110
- Ostomy Care Supply ..... 866-207-5909
- Parthenon ..... 800-453-8898
- Shield Healthcare ..... 800-765-8775
- UOAA..... 800-826-0826



## The Flu and What to Do!

The flu brings with it, headache, upset stomach, diarrhea, muscle aches and pains. The advice to drink plenty of fluids and rest in bed remains sound medical advice for your general attack of the virus. But if your case of the flu includes diarrhea, the following may be helpful.

**For those with a colostomy**, it is usually wise not to irrigate during this time. Your intestine is really washing itself out. After diarrhea, you have a sluggish colon for a few days, so “leave it alone”. Start irrigation again after a few days when your colon has had a chance to return to normal.

**For those with an ileostomy**, diarrhea is a greater hazard. Along with the excess water discharge, there is a loss of

electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid, which in turn, brings a state of dehydration. Therefore, you must restore electrolyte balance.

- **First**, eliminate all solid food.
- **Second**, obtain potassium safely and effectively from tea, bouillon and ginger ale.
- **Third**, obtain sodium from saltine crackers or salted pretzels.
- **Fourth**, drink a lot of fluids, including water. Cranberry juice and orange juice also contain potassium, while bouillon and tomato juice are good sources of sodium. Increased water intake in the ileostomy patient results in

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increased urine output rather than increased water discharge through the pouch.

Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified.

You should also know that diarrhea may be symptomatic of a partial obstruction or acute gastroenteritis. Since the treatment of these two conditions is entirely different, a proper diagnosis should be sought immediately.

**It is very important to determine whether the diarrhea is caused by obstruction or gastroenteritis.**

If you do not know, check it out with your doctor. Do not guess—always call your physician unless you are 100 percent certain what you are doing.

**For those with a urostomy,** be sure to keep electrolytes in

balance. Follow the general instruction for colostomies and ileostomies.

- No ostomate should take medicine for pain or a laxative without a physician's order.
- Do not use an antibiotic for a cough or flu unless ordered by a doctor.
- When returning to a normal diet, use fiber-free foods at first then gradually increase to a regular diet.

Prompt attention to symptoms of distress of colds and flu could bring a happier and hopefully healthier winter.

**IMPORTANT NOTICE:** Articles and information printed in this newsletter are not necessarily endorsed by the Clearwater Ostomy Support Group and may not be applicable to everyone. Please consult your doctor or Nurse for the medical advice that is best for you.

## Controlling Leg Cramps

By Mayo Clinic Health Letter

If you have been jolted awake by a leg cramp, you know how sudden and intense the pain can be. Several factors, including dehydration, the use of diuretics or overuse of your muscles can trigger leg cramps, which usually occur during rest or sleep.

For relief, straighten your leg and point your toes upward while you gently rub the cramp to help the muscle to relax. For a calf cramp, stand up and put your weight on the cramp, keeps both legs straight and lean forward at the waist. Use a cold pack to relax tense muscles. Use a warm towel or heating pad later if pain or tenderness persists. To prevent cramps, stretch daily. Before bed, stand 2-3 feet from a wall, placing your hands on the wall. Keep your heels on the floor. Lean toward the wall and bend one knee, hold ten seconds, straighten your leg. Repeat with the other knee. Stretch

each leg 5 to 10 times.

Drink 6 to 8 cups of water daily. Fluids help your muscles contract and relax. Try not to sleep with your toes pointed (as people tend to do when sleeping on their back or stomach). Sleep on your side, don't tuck your sheets and blankets too tightly as then can bend your toes down.

Your doctor may prescribe a muscle relaxant for frequent leg cramps.



## Factors which Influence Ostomy Function

By United Ostomy Association

Quite often, patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

**Antibiotics:** These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception, and if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like drink on hand to maintain adequate electrolyte balance.

**Pain Medications:** These are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of medicine. Perhaps the dosage of pain reliever can be reduced to eliminate the situation. If not, consider one of the above alternatives.

**Chemotherapy:** Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. Ga-

torade is again good to keep on hand for electrolyte balance.

**Radiation Therapy:** This often produces the same effects as chemotherapy and should be treated accordingly.

**Travel:** Travel can cause constipation in some patients and diarrhea in others. Be aware that these are possibilities. Altered diet when traveling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an anti-diarrhea medication. Check with your doctor if you are not familiar with what works best for you to control diarrhea.

**Antacids:** Those with magnesium can cause diarrhea. Perhaps you will want to ask your doctor to suggest some with aluminum rather than magnesium. Drink plenty of liquids: Tea is always a good source of potassium (so are orange juice and bananas). Coca Cola also contains some potassium. Bouillon cubes are a good source of sodium.

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Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness. Be prepared and

prevent this problem when possible.

### Dietary Guidelines for an Ostomate

<b>Foods that Increase Odor</b>	<b>Foods that Increase Gas</b>	<b>Foods that Thicken Stool</b>	<b>Foods that Loosen Stool</b>	<b>High-Fibre Foods that May Cause Blockages</b>
Asparagus	Beans	Applesauce	Green Beans	Dried Fruit
Broccoli	Beer/Carbonated soda	Bananas	Beer	Grapefruit
Brussel Sprouts	Broccoli	Cheese	Broccoli	Nuts
Cabbage	Brussel Sprouts	Boiled Milk	Fresh Fruits	Corn
Cauliflower	Cauliflower	Marshmallows	Grape Juice	Raisins
Beans	Corn	Pasta	Raw Vegetables	Celery
Eggs	Cucumbers	Creamy Peanut Butter	Prunes/Juice	Popcorn
Fish	Mushrooms	Pretzels	Spicy Foods	Coconut
Onions	Peas	Rice	Fried Foods	Seeds
Some Spices	Radishes	Bread	Chocolate	Coleslaw
	Spinach	Tapioca	Spinach	Chinese Vegetables
	Dairy Products	Toast	Leafy Green Vegetables	Meat with Casing
		Yogurt	Aspartame	Oranges
		Bagels	NutraSweet	



## Ostomy Reversals

By David E. Beck MD, FACS, FASCRS

Clinical Professor of Surgery at Vanderbilt University

The majority of stomas currently created are temporary and created with the intention of reversal at a future date. This article describes the creation and characteristics of temporary stomas.

### Types of Ostomies

There are several types of ostomies: loop, end, and end loop. In an end stoma, the end of the bowel is brought through the abdominal wall and the stoma has a single lumen or opening. A loop stoma as described below has two openings.

An end stoma is usually created when a section of bowel has been removed. The other end of the bowel may be absent or left in the abdomen as a Hartman's (closed off rectum). It may also be brought through the abdominal wall and connected to the skin. There will be no intestinal contents coming out, just mucous. That is why it is often called mucous fistulas.

Temporary stomas are more often loop type stomas. A loop stoma is generally easier to create. With a loop stoma, there are two openings. This type of stoma diverts the intestinal contents away from the distal bowel. Loop stomas are usually easier to close as both ends of the bowel are juxtaposed. The indications for a temporary stoma include distal obstructions (tumors, inflammatory disease [diverticulitis or Crohn's disease]), leaks or fistulas, or to protect an anastomosis (j-pouches or low anterior resections).

A variation of a loop stoma is an end loop stoma. In this type of stoma the distal end of the loop has been closed off. This completely diverts the bowel contents and is used when a short mesentery (the fatty layer through which the blood vessels pass to the bowel) makes it difficult for the bowel to

reach the skin.

Even though the stoma is planned to be temporary, some will become permanent. This may happen if their disease progresses, other conditions develop or worsen (strokes, heart disease, etc.) or the patient decides that they are happy with their stoma and/or don't want to go through another operation. For these reasons and to minimize any problems while they have a stoma it is very important to have the stoma correctly created (i.e. good location and adequate bowel protrusion).

### Special Circumstances

A number of patient characteristics can make stoma creation challenging. One of the more common of these is obesity. Excess fat is deposited in the abdominal wall and bowel mesentery. The fat mesentery is often shorter which makes it harder to reach above the abdominal wall and requires a larger hole in the abdominal wall to allow the bowel to pass through the abdominal wall. The subcutaneous fat makes it a larger distance the bowel has to pass to reach the skin.

Losing weight prior to a planned surgery can help, but it is often difficult or impossible. Another option is abdominal wall modification or counteracting. Diseased bowel (radiated or involved with Crohn's disease) is also difficult to manipulate. It is preferred to use bowel that is soft and pliable.

### Stoma Closure or Ostomy Reversal

When the stoma is no longer needed, it can be reversed. The time from creation of a temporary ostomy to closure will vary from six weeks to six months. The shorter period allows the patient to recover from their previous surgery and time for the stoma to mature and scar tissue to soften making the

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subsequent operation easier. The time chosen will vary among surgeons and on the patient and their disease process.

If the initial surgery was hard or there was significant infection or inflammation, a longer recovery time is preferred. If the patient needs chemotherapy, some surgeons prefer to wait until the patient's chemotherapy is completed before the stoma is closed. Others (including the author) prefer to close the stoma before the chemotherapy is given.

Reversal of a loop stoma is usually referred to as a stomal closure, while reversal of an end stoma is often referred to as a stomal takedown. A stomal closure is usually a much smaller operation. As both ends of the bowel are attached to the skin, the surgeon only needs to detach the bowel mucosa from the skin (using a scalpel or electrocautery) and divide any adhesions of the bowel surface to the subcutaneous fat and abdominal wall muscles.

This is usually done with scissors or electrocautery. Once the bowel limbs are freed up, the bowel can be pulled above the abdomen. The ends of the bowel can now be connected to form an anastomosis. This can be done with staples or sutures.

Most surgeons use a side-to-side function, end-to-end type when they close a loop stoma. The reconnected bowel is then dropped back into the abdomen and the muscles of the ostomy site are closed with sutures. The skin and subcutaneous tissue can then be left open, partially closed or closed with sutures or staples. The author prefers to partially close the skin. This reduces the time required to heal and lessens the chance of infection. The operation usually takes less than an hour.

### **Post Operative Function**

After surgery, the patient's bowel will be slow to function, which is a condition called ileus. After stomal closures, ileus is usually shorter than after a takedown. Most patients

will be started on liquids the evening of or the day after surgery. With modern perioperative care the hospital stay is one to three days.

A stomal takedown is a bigger operation. As the distal end of the bowel is inside the abdomen, an incision is required to gain exposure. Usually, the previous midline incision is opened. Knowing which piece of bowel will be used will help guide whether all or part of the previous incision will be needed. If the distal bowel is a Hartman pouch (closed rectum) the lower part of the incision is used. If the distal bowel is the transverse colon, the upper portion of the wound is used.

Once the muscles of the abdomen are opened, adhesions are divided and the distal bowel is located and mobilized. The end stoma is then detached from the abdominal wall as described in the section on loop stomas. The two ends of the bowel are then brought together and an anastomosis is performed. The major incision and the old stoma site are closed with sutures.

After a stomal takedown the postoperative ileus is about the same as after a bowel resection. Most patients will be started on liquids the evening of or the day after surgery. The hospital stay after a stomal takedown is usually three-to-five days.

There are risks associated with any surgery including a stomal closure. These include bleeding, infection and leakage from the bowel. Fortunately, these are uncommon. The patient's bowel function after stomal reversal will depend upon how much bowel remains usable. If most of the bowel remains, the bowel function will be near normal. The more bowel that has been removed, the more frequent and loose the bowel movements will be. Fortunately, the remaining bowel can take over some of the function of the lost bowel.

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*Lots of information can be found at the United Ostomy Association of America website.*



UOAA's Main Website -  
[www.ostomy.org](http://www.ostomy.org)

UOAA Discussion Board -  
[www.uoaa.org/forum](http://www.uoaa.org/forum)

Facebook: [Facebook.com/UOAA](https://www.facebook.com/UOAA)

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## Need Emergency Ostomy Help?



Bay Breeze RX is a proud sponsor of the Angel Closet in affiliation with the Clearwater Ostomy Support Group. The Closet offers free supplies for all types

of Ostomy and wound care. Bay Breeze also provides consultation services by appointment. These services are offered by Karen Burdewick BSN, RN, CWOCN at no charge.

Appointments can be made directly with Lila Jane at 727-744-2660. **Bay Breeze RX** is located at 3350 East Bay Drive. Largo, FL 33771. [www.baybreezerx.com](http://www.baybreezerx.com)

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## Get Ostomy Answers!

The Phoenix magazine provides answers to the many challenges of living with an ostomy. From skin care to nutrition to intimacy, in-depth articles are written by medical professionals, ostomy experts and experienced ostomates. Subscriptions directly fund the services of the United Ostomy Associations of America.

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